

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0/518057

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	1					
3	2					
4	1					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	1					
12	1					
13	2					
14	0					
15	0					
16	0					
17	0					
18	1					
19	1					
20	2					
21	0	2				
22	0					
23	0					
24	0					
25	0					
26	0					
27	1					
28	1					
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41	1					
42	1					
43	1					
44	1					
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46	1					
47	1					
48	1					
49	1					
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	20	←	←	←		
TOTAL CLAIMS	23	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]